

CHI-PA PARENTING

OUTCOME: The parent(s) and family will adapt in a healthy manner to the growth and development of the infant.

STANDARDS:

1. Discuss how home life is beginning to settle down.
2. Review basic nurturing skills--spending time with the infant, continued importance of touch, involving father in care and nurturing.
3. Emphasize that increasing mobility necessitates discipline.
4. Encourage stimulation of the infant (auditory, tactile, visual).
5. Stress importance of regular well child care and immunizations.
6. Review the community resources available for help in coping with an infant.

CHI-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent(s) will understand principles of injury prevention and plan a safe environment.

STANDARDS:

1. Explain that accidents are a major cause of death.
2. Stress that the infant's increasing mobility requires additional vigilance to the dangers of aspiration, suffocation, falls, poisonings, burns, motor vehicle crashes and other accidents.
3. Explain that walkers are a source of serious injury and often delay walking.
4. Explain that SIDS is decreased by back-lying.
5. Child-proof the home. **See WL-S.**
7. Emphasize the importance of carefully selecting child-care settings to assure child safety.

CHI - W WEANING

OUTCOME: The parent/family will have an understanding of methods to effectively wean the child from breastfeeding or bottle.

STANDARDS:

1. Discuss appropriate reasons for weaning the infant from breastfeeding or bottle.
2. Explain readiness signs of weaning that the infant may display.
3. Explain the process of weaning, i.e. replace one feeding at a time with solids or cup.
4. Explain social ways to replace breastfeeding or bottle-feeding, i.e. reading books together, playing with toys, cuddling together.
5. Explain that infants should be weaned from the bottle by 12 months of age.
6. Refer to community resources as appropriate.

CHT-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHT-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will have an understanding of the rapidly changing development of the inquisitive and independent toddler and plan to nurture normal growth and development.

STANDARDS:

1. Explain the toddler's intense need to explore.
2. Review appropriate ways of disciplining toddlers. Provide positive alternatives to undesirable behaviors. Toddlers often attempt to control others with temper tantrums, negativism and obstinacy. Encourage parents to be consistent in discipline.
3. Discuss toilet training methods and indicators of toilet training readiness such as the ability to walk, complaining of wet or dirty diapers, asking to go to the toilet, etc.
4. Review the importance of allowing for positive emotional growth. Touch is still important. Fears may develop during this time.
5. Review the need for good dental hygiene. **See BT.**
6. Discuss the need for continued well child care.

CHT-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about child health issue.

STANDARDS:

1. Provide patient/family with written patient information literature on child health issue.
2. Discuss the content of patient information literature with the patient/family.

CHT-N NUTRITION

OUTCOME: The parent(s) will have an understanding of the nutritional needs of the toddler and the frustrations that can surround mealtime.

STANDARDS:

1. Discuss the varying levels of mastery of cups and utensils.
2. Review the dangers posed by continued use of the bottle beyond one year of age such as baby bottle tooth decay, elongated midface, delayed speech, ear infections, etc. **See BT.**
3. Explain that most toddlers manifest a decreased nutritional need. Discuss that toddlers become fussy eaters with strong food preferences. Discuss appropriate diet (balance diet over the week -- do not struggle to balance every meal, appropriate serving size is one tablespoon per year of age). Explain that it is very important to avoid the temptation to replace healthy foods with candy, cookies, etc.
4. Avoid foods that are choking hazards through age 4 (unpeeled grapes, unpeeled apples, orange slices, nuts, popcorn, pickles, carrot sticks, celery sticks, hard candies and gum, wieners, chicken drum sticks, and peanut butter).
5. Encourage a relaxed mealtime atmosphere.
6. Encourage healthy choices for meals and snacks.

CHT-PA PARENTING

OUTCOME: The parent(s) will understand challenges of parenting a toddler and will continue to provide a nurturing environment for growth and development.

STANDARDS:

1. Emphasize that the toddler continues to demand much of the parent(s) time, and increasing mobility and independence requires increased supervision.
2. Discuss the common toddler behaviors that can cause parental frustration—constant demands, saying “no”, struggle for autonomy, inability to share, and boundless energy.
3. Discuss the parental need for sharing the toddler experience.
4. Reinforce the need for adult companionship, periodic freedom from child-rearing responsibilities, and nurturing the marital relationship.
5. Stress that weariness, frustration, and exasperation with a toddler are normal. Sometimes it is difficult to love toddlers when they are not asleep.
6. Provide stimulating activities (reading to the child, coloring with the child, etc) as alternatives to TV watching, which should not exceed one hour per day. The attention span of a toddler is about 5-10 minutes.

CHT-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent(s) will understand the principles of injury prevention and plan to provide a safe environment.

STANDARDS:

1. Review that accidents are the leading cause of death in this age group due to the toddler's increased mobility and lack of awareness of environmental dangers.
2. Stress additional vigilance to the dangers of drowning, open flames, charcoal pans, aspiration, suffocation, falls, poisonings, animal bites, electrocution and motor vehicle crashes. **See WL-S**
3. Discuss foods which are choking hazards (unpeeled grapes, unpeeled apples, orange slices, nuts, popcorn, pickles, carrot sticks, celery sticks, hard candies and gum, wieners, chicken drum sticks, and peanut butter).
4. Review continued need for child safety seats in automobiles. (As of March 2001 the American Academy of Pediatrics recommends that children remain in child safety seats until the age of 8 years **AND** 80 pounds.)
5. Review indications for and proper use of syrup of ipecac.
6. Emphasize the importance of carefully selecting child-care settings to assure child safety.

CHT - W WEANING

OUTCOME: The parent/family will have an understanding of methods to effectively wean the child from breastfeeding or bottle.

STANDARDS:

1. Discuss appropriate reasons for weaning the infant from breastfeeding or bottle.
2. Explain readiness signs of weaning that the infant may display.
3. Explain the process of weaning, i.e. replace one feeding at a time with solids or cup.
4. Explain social ways to replace breastfeeding or bottle-feeding, i.e. reading books together, playing with toys, cuddling together.
5. Explain that infants should be weaned from the bottle by 12 months of age to decrease the risk of baby bottle tooth decay, ear infections, delayed speech, etc.
6. Refer to community resources as appropriate.

PATIENT EDUCATION PROTOCOLS: CHILD HEALTH-PRESCHOOL (3-5 years)

CHP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHP-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent will understand the growth and development of a preschool age child and plan to provide a nurturing environment.

STANDARDS:

1. Discuss characteristics such as a short attention span, imagination, high mobility and learning through play and peers.
2. Discuss the most common fears of this age; separation from parents, mutilation, immobility, the dark and pain.
3. Discuss that night terrors are a normal developmental phenomenon and they are not indicative of underlying problems.
4. Review age appropriate physical growth and development.

CHP-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about child health issue.

STANDARDS:

1. Provide patient/family with written patient information literature on child health issue.
2. Discuss the content of patient information literature with the patient/family.

CHP-N NUTRITION

OUTCOME: The parent will understand the nutritional needs of the preschooler.

STANDARDS:

1. Review the basics of a balanced diet. Explain that serving sizes for children are smaller than for adults – about one tablespoon of each food for each year of age.
2. Discuss the relationships between childhood obesity and adult obesity. Relate the risk of diabetes to obesity.
3. Emphasize the importance of healthy snack foods, limit fatty foods and refined sugars, increase fresh fruits, fresh vegetables and fiber.
4. Explain the need for a structured meal time due to short attention span and high mobility.

CHP-PA PARENTING

OUTCOME: The parent will understand the transition from toddler to school age and plan to provide a nurturing environment for is period of development.

STANDARDS:

1. Emphasize that children at this age are striving for greater independence and that in so doing they often test parental boundaries. Emphasize the importance of proper discipline.
2. Explain the need for preschoolers to have group interaction with children of similar age and gender. Explain the importance of teaching children to respect others and accept their differences. Discourage bullying and belittling behaviors.
3. Emphasize that preschool growth is at a rapid pace. Their rapidly increasing mobility and agility combined with their limited problem solving ability means that they need adult supervision.
4. Discuss the need for parental discretion as the child's vocabulary is expanding. Protect your children from language you don't want them to repeat, including television, music, conversations, etc.
5. Discuss common fears of this age and the need for parental support.

CHP-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent will develop a plan for injury prevention.

STANDARDS:

1. Explain that with increasing independence children of this age are at risk for accidents. Continue vigilance to dangers of drowning, open flames, suffocation, poisonings, animal bites, electrocution and motor vehicle crashes.
2. Emphasize the need for protective equipment, i.e. bike helmets, knee pads, elbow pads etc.
3. Emphasize continued need for passenger safety devices. Children still need booster seats through 8 years of age and 80 pounds.
4. Discuss stranger safety and personal safety, i.e. private parts of their body.
5. Emphasize the importance of teaching the child how to cross the street safely.
6. Discuss the importance of teaching the child parent's name, complete address including state, complete telephone number including area code, and emergency phone numbers (911, etc.).
7. Encourage participation in programs which photograph and fingerprint children for identification purposes.
8. Emphasize the importance of carefully selecting child-care settings to assure child safety.

PATIENT EDUCATION PROTOCOLS: CHILD HEALTH SCHOOL AGE(5-12 years)

CHS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHS-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will have an understanding of the growth and development of the school-aged child.

STANDARDS:

1. Explain that this is a time of gradual emotional and physical growth. Physical and mental health is generally good.
2. Discuss how coordination and concentration improve allowing participation in sports.
3. Review the increasing importance of hygiene.
4. Discuss prepubescent body changes and the accompanying emotions.
5. Review the information needed to explain menses and nocturnal emissions (as appropriate).
6. Encourage age-appropriate discussions of sexuality, birth control and sexually transmitted diseases. **See CHS-SX**

CHS-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about child health issue.

STANDARDS:

1. Provide patient/family with written patient information literature on child health issue.
2. Discuss the content of patient information literature with the patient/family.

CHS-N NUTRITION

OUTCOME: The patient(s) will understand the changing nutritional needs of a school-aged child.

STANDARDS:

1. Review the basics of a balanced diet.
2. Discuss how childhood obesity is increasingly prevalent in school-aged children and emphasize its relationship to adult obesity and emotional well-being. Relate the risk of diabetes to obesity.
3. Discuss the child's predilection for junk food. Stress ways to improve the diet by replacing empty calories with fresh fruits, nuts and other wholesome snacks.

CHS-PA PARENTING

OUTCOME: The parent(s) will have an understanding of the "growing away" years and make a plan to maintain a healthy relationship with the child.

STANDARDS:

1. Discuss how peer influence becomes increasingly important.
2. Review age-specific changes:
 - a. Age 6: Mood changes, need for privacy
 - b. Age 7-10: Increase in peer involvement. Experimentation with potentially harmful activities and substances may begin.
 - c. Age 11-12: Increase in stormy behavior. Sexual maturation necessitates adequate and accurate sex education.
3. Provide stimulating activities as an alternative to watching TV. TV watching should be limited to one hour per day.

CHS-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent(s) will identify safety concerns and make a plan to prevent injuries as much as is possible.

STANDARDS:

1. Review that motor vehicle crashes are the most common cause of injury and death in this age group. Encourage the use of seat belts. Child safety seats are recommended for children until they are 8 years old AND weigh 80 pounds.
2. Review traffic safety.
3. Review personal safety - approaches by strangers, sexual molestation, ect.
4. Discuss age-appropriate recreational activities. (Most children in this age group lack the coordination to operate a motor vehicle.)
5. Discuss the appropriate use of personal protective equipment when engaging in sports (helmets, knee and elbow pads for bicycling and roller blading; life vests for water sports; helmets and protective body gear for horseback riding, etc.)

CHS-SX SEXUALITY

OUTCOME: The parent(s) and adolescent will understand that children are maturing at a younger age, necessitating education about sexual safety at a younger age.

STANDARDS:

1. Explain the physical changes that result from increased hormonal activity. Discuss that this is happening at a younger age.
2. Discuss as appropriate the anatomy and physiology of the male/female reproductive tract. **See WL-SX, MH-AP, WH-AP.**
3. Explain that as a general rule, menarche occurs within one year of thelarche (breast development.)
4. Discuss the elements of a positive, nurturing interpersonal relationship versus a potentially abusive relationship.
5. Review the benefits of abstinence and self-respect including physical and emotional benefits, i.e. negating the risk of STDs, and pregnancy, dramatically reducing the risk of cervical cancer, having the first sexual encounter be in the context of a stable, loving relationship.
6. Identify the community resources available for sexuality counseling.

PATIENT EDUCATION PROTOCOLS: CHILD HEALTH - ADOLESCENT(12-18 years)

CHA-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well visits.

STANDARDS:

1. Discuss the reasons for well visits.
2. Inform the patient/family of the timing of the next well visit.
3. Discuss the procedure for making appointments.

CHA-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family will have an understanding of the physical and emotional changes that are a natural part of adolescence.

STANDARDS:

1. Explain that adolescence is a time of rapid body growth. This often results in awkwardness as the brain is adjusting to the new body size.
2. Discuss the natural increase in sex hormones during adolescence. Explain that this often results in an increased interest in members of the opposite sex. Encourage abstinence.
3. Explain that emotional and social maturity often do not keep pace with physical maturity. It is very important to keep open lines of communication between parents and teenagers.
4. Explain that puberty and the associated growth spurt begins and ends at an earlier age in girls than in boys.

CHA-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about adolescent health issue.

STANDARDS:

1. Provide patient/family with written patient information literature on adolescent health issue.
2. Discuss the content of patient information literature with the patient/family.

CHA-N NUTRITION

OUTCOME: The parent(s) and adolescent will relate nutrition to health promotion and disease prevention.

STANDARDS:

1. Stress the importance of reducing fats, sugars, and starch to avoid obesity and diabetes and subsequent self-image problems. Emphasize the role peers play in food intake. See **WL-N**.
2. Emphasize the importance of not skipping meals, especially breakfast.
3. Discuss calcium intake, including its role in preventing osteoporosis.

CHA-PA PARENTING

OUTCOME: The parent/family and adolescent will understand the transitional phase of adolescence from childhood to adulthood.

STANDARDS:

1. Discuss the teenager's changing self-image and the effect of peer pressure.
2. Stress the importance of communicating (especially LISTENING) and providing a supportive environment.
3. Discuss how fluctuating hormone levels affect emotions. Be alert for significant changes in behavior which may indicate depression.
4. Provide an environment which allows for increased independence and decision-making. Emphasize the importance of completing adequate education.
5. Encourage open lines of communication between parents and community role models.
6. Explain the importance of teaching adolescents to respect others and accept their differences. Discourage bullying and belittling behaviors.

CHA-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent and adolescent will understand the principles of injury prevention and avoidance of risk behaviors.

STANDARDS:

1. **See CD and TO.**
2. Promote driving education courses.
3. Promote use of seat belts.
4. Review personal safety strategies (sexual molestation, strangers, chat rooms, etc.)
5. Review self-destructive behaviors (suicidal gestures and comments, improper/inappropriate use of firearms, gangs, cults, hazing, alcohol and substance use/abuse).

CHA-SX SEXUALITY

OUTCOME: The parent(s) and adolescent will understand the challenges of adolescent sexual development.

STANDARDS:

1. Explain the physical changes that result from increased hormonal activity.
2. Discuss the elements of a positive, nurturing interpersonal relationship versus a potentially abusive relationship.
3. Review the need for continued information sharing regarding sexuality, birth control and STDs.
4. Discuss as appropriate the anatomy and physiology of the male/female reproductive tract. **See WL-SX, MH-AP, WH-AP.**
5. Review the benefits of abstinence and self-respect including physical and emotional benefits, i.e. negating the risk of STDs, and pregnancy, dramatically reducing the risk of cervical cancer, having the first sexual encounter be in the context of a stable, loving relationship.
6. Identify the community resources available for teenage sexuality counseling.

CB-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient will verbalize a basic understanding of the anatomy of the female reproductive system and how it relates to the physiology of labor and delivery.

STANDARDS:

1. Explain the anatomy of the female reproductive system in pregnancy, i.e. labia, vagina, cervix, uterus, placenta, umbilical cord, amniotic sac and fluid, pelvic muscles and bones.
2. Explain that “labor” is the contraction of the uterine muscles.
3. Relate the changes that occur in the female reproductive system as labor is initiated and progresses:
 - a. First Stage
 - i. The early or latent phase is characterized by irregular contractions or regular contractions without changes in the cervix. Emphasize that this may last for days or weeks.
 - ii. The active phase is characterized by regular contractions with cervical dilatation.
 - iii. The transition phase is the final part of the first stage of labor during which the cervix becomes fully dilated.
 - b. The Second Stage starts when the cervix is fully dilated and ends at the time of delivery of the baby during which the baby passes through the birth canal.
 - c. The Third Stage of labor is the time between the delivery of the baby to the time of delivery of the placenta.

CB-C COMPLICATIONS

OUTCOME: The patient will verbalize understanding that a normal labor and delivery has the potential to become abnormal and present complications at any time.

STANDARDS:

1. Explain that complications may necessitate the use of special equipment, medications and possibly cesarean section to facilitate safe and expedient delivery of the baby.
2. Explain that it is impossible to predict who will or will not have a complication during labor.
3. Explain that despite appropriate medical care, not all pregnancies result in normal/healthy babies.

CB-EX EXERCISES, RELAXATION & BREATHING

OUTCOME: The patient will be able to demonstrate the relaxation and breathing exercises to be utilized during the stages of labor and delivery.

STANDARDS:

1. Explain, demonstrate, and supervise the return demonstration of relaxation techniques, i.e. muscle contraction/relaxation, focusing, touching.
2. Explain, demonstrate, and supervise the return demonstration of breathing exercises appropriate to each stage of labor. Examples may include:
 - a. Slow-paced (slow/deep chest) for early labor.
 - b. Modified-paced breathing (light chest breathing) for active labor.
 - c. Pattern paced breathing (almost no chest breathing) for transition labor to inhibit pushing.
 - d. Method of breathing when pushing during delivery.

CB-FU FOLLOW UP

OUTCOME: The patient will understand the importance of postpartum and newborn follow up visits.

STANDARDS:

1. Emphasize the importance of keeping appointments for routine postpartum and newborn follow-up.
2. Discuss the procedure for obtaining postpartum and newborn follow-up appointments.

CB-L LITERATURE

OUTCOME: The patient and/or delivery partner/coach will receive written information about childbirth.

STANDARDS:

1. Provide the patient and/or delivery partner/coach with written patient information literature on childbirth.
2. Discuss the content of patient information literature with the patient and/or labor partner/coach.

CB-LB LABOR SIGNS

OUTCOME: The patient and/or labor partner/coach will have an understanding of the signs of true labor and will understand when to come to the hospital.

STANDARDS:

1. Explain the difference between early labor and false labor (Braxton-Hicks contractions.)
2. Emphasize the importance of immediate evaluation for any suspected amniotic fluid leak. Explain that prolonged rupture of membranes can be dangerous to the baby and the mother.
3. Discuss the appropriate time for this patient to present to the hospital as related to frequency and duration of contractions, etc.
4. Explain that the patient should come to the hospital immediately for rupture of membranes, heavy bleeding, severe headaches, severe swelling, or decreased fetal movement.

CB-M MEDICATIONS

OUTCOME: The patient will verbalize a basic understanding of the use medications that may be used during labor and/or delivery.

STANDARDS:

1. Explain that there are medications which can be used to make the cervix more ready for labor. Explain the route of administration for the medication to be used.
2. Explain that medication may be given to stimulate or enhance uterine activity. Explain the route of administration of the medication to be used.
3. Discuss common and important side-effects of the medication to be used. Discuss side-effects which should be immediately reported to the health care provider.

CB-OR ORIENTATION

OUTCOME: The patient and labor partner/coach will be familiar with the labor and delivery suite, nursery and postpartum areas of the hospital.

STANDARDS:

1. Familiarize the patient and labor partner/coach with the Obstetrical Department of the hospital.
2. Explain the hospital policy regarding visiting hours and regulations, meal times, assessment times and physician rounds, as applicable.
3. Review the need for a plan for the patient/labor partner, emphasizing the need to come to the hospital at an appropriate time during labor.
4. Relate the events to be expected immediately after the baby is born.
 - a. Repair of lacerations/episiotomy and the after-care required.
 - b. Vital signs and monitoring of the uterus, vaginal discharge and urination, including frequent massage of the mother's uterus.
 - c. Assessment and observation of the baby, including vital signs and blood glucose monitoring as indicated.
 - d. The policy of rooming-in.
5. Explain hospital policy for the birth certificate, including how the baby's surname will be recorded.
6. Discuss the items to bring to the hospital - **car seat**, toiletries, gown and robe, clothes to wear when discharged, baby clothes, and others as appropriate.

CB-PM PAIN MANAGEMENT

OUTCOME: The patient will be aware of the modalities and techniques that are available for pain management during labor and delivery, and after delivery.

STANDARDS:

1. Explain the current understanding of the cause of "labor pains".
2. Review and compare the benefits and risks of "natural" labor (incorporating the use of touch, relaxation, focusing and breathing techniques) with narcotic analgesia during labor, or an epidural, as applicable. Explain that breathing and relaxation techniques may be useful as adjuncts to medications.
3. Explain that it is not always possible to completely relieve pain during labor.

CB-PRO PROCEDURES, OBSTETRICAL

OUTCOME: The patient will verbalize a basic understanding of the procedures utilized during labor, delivery and the immediate postpartum period.

STANDARDS:

1. Explain, in understandable language, the reasons for and procedure for the following as applicable (include simple demonstration of equipment as appropriate.)
 - a. Central monitoring at nurses' station
 - b. External fetal monitoring.
 - c. Internal fetal monitoring with scalp electrodes.
 - d. Intrauterine pressure monitoring.
 - e. Induction and/or augmentation of labor, including cervical ripening.
 - f. Rupture of the amniotic membrane.
 - g. Amniotic fluid replacement by infusion.
 - h. Episiotomy and repair of lacerations.
 - i. Forceps and/or vacuum assisted delivery.
 - j. Epidural anesthesia
2. Discuss the possibility of Cesarean section, both emergency and planned. Discuss indications for Cesarean section, preparation, policies regarding labor coach in OR, postanesthesia recovery, postpartum, length of hospitalization, etc. Discuss risks of Cesarean section as well as benefits and alternatives to this procedure. Discuss possible risks of non-treatment.

CB-RO ROLE OF LABOR AND DELIVERY PARTNER/COACH

OUTCOME: The patient and delivery partner/coach will verbalize understanding of the role of the labor and delivery partner/coach and be able to demonstrate the various techniques taught.

STANDARDS:

1. Explain that the role of the partner/coach during the stages of labor and birth is to help the mother focus and practice techniques and to assist in comfort measures.

See PN, PP

CPM-DP DISEASE PROCESS

OUTCOMES: The patient/family will understand the pathophysiology of the patient's specific condition.

STANDARDS:

1. Review the causative factors as appropriate to the patient. Assess the level of pain. Emphasize that the goal of treatment is to relieve pain.
2. Review lifestyle factors which may worsen or aggravate the condition.
3. Discuss the patient's specific condition, including anatomy and pathophysiology as appropriate.
4. Discuss that chronic pain is a multifaceted condition. Explain that control of contributing factors may help to control the pain (i.e. dysfunctional sleep patterns, depression or other psychological disorders, other disease states.)

CPM-EX EXERCISE

OUTCOMES: The patient will understand the importance of exercise in enhancing physical and psychological well-being.

STANDARDS:

1. Review the different types of exercise including active and passive range of motion and strengthening.
2. Explain the hazards of immobility. Discuss how to prevent contractures, constipation, isolation and loss of self-esteem.
3. Emphasize that physical activity/therapy is an integral part of the patient's daily routine.
4. Emphasize that moderate exercise may increase energy, control weight, improve circulation, enhance sleep, and reduce stress and depression.

CPM-FU FOLLOW UP

OUTCOMES: The patient/family will understand the importance of follow-up and make a plan to make and keep the follow-up appointments.

STANDARDS:

1. Provide positive reinforcement for areas of achievement.
2. Emphasize the importance of follow-up care to prevent complications and adjustments of medication.
3. Encourage active participation in the treatment plan and acceptance of the diagnosis.
4. Explain the procedure for obtaining appointments.

CPM-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about chronic pain.

STANDARDS:

1. Provide patient/family with written patient information literature on chronic pain.
2. Discuss the content of patient information literature with the patient/family.

CPM-LA LIFESTYLE ADAPTATIONS

OUTCOMES: The patient/family will understand what lifestyle adaptations are necessary to cope with the patient's specific disorder.

STANDARDS:

1. Explain that the patient has a responsibility to make lifestyle adaptations to assist in controlling pain.
2. Assess the patient/family's level of acceptance of the disorder.
3. Emphasize the importance of rest and avoidance of fatigue.
4. Discuss the use of heat and cold as appropriate.
5. Refer to Social Services, Mental Health, Physical Therapy, Rehabilitative Services and/or community resources as appropriate.
6. Review the areas that may require adaptations: diet, physical activity, sexual activity, and bladder/bowel habits.

CPM–M MEDICATIONS

OUTCOMES: The patient will understand the goal of medication therapy and be able to demonstrate and explain use of the prescribed regimen.

STANDARDS:

1. Review the patient's medication. Reinforce the importance of knowing the medication, dose, and dosing interval of medications.
2. Review common side effects, signs of toxicity, and drug/drug or drug/food interactions of medications.
3. Discuss the importance of taking medications as prescribed.
4. Emphasize the importance of taking medications as prescribed. If more medication is needed consult with the medical provider prior to increasing the dose of medication.
5. Discuss non-pharmacologic pain control measures.

CPM–S SAFETY

OUTCOMES: The patient will understand the importance of injury prevention and safety.

STANDARDS:

1. Explain to patient/family the importance of body mechanics to avoid injury.
2. Assist the family in identifying ways to adapt the home to prevent injuries or improve safety (remove throw rugs, install bars in the tub/shower, etc.)
3. Stress importance and proper use of mobility devices (cane, walker, wheel chair, etc.)

CDC-DP DISEASE PROCESS

OUTCOME: The patient and family will understand the disease process of communicable disease, transmission, and causative agent(s), as identified by the provider.

STANDARDS:

1. Discuss whether or not the infection is vaccine preventable.
2. Describe how the body is affected.
3. List symptoms of the disease and how long it may take for symptoms to appear.
4. List complications which may result if the disease is not treated.
5. List treatment options and the risks and benefits of each.

CDC-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments
3. Emphasize that appointments should be kept.

CDC-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of communicable diseases and make a plan for implementation..

STANDARDS:

1. Discuss the home management plan and methods for implementation of the plan.
2. Explain the importance of following a home management plan, i.e. fewer future infections (reinfections or reinfestations), fewer emergency room visits, fewer hospitalizations and fewer complications, as well as a healthier life.
3. Explain the relationship between hygiene and infection control principles. Emphasize importance of hand washing.

CDC-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about communicable diseases.

STANDARDS:

1. Provide patient/family with written patient information literature on the communicable diseases.
2. Discuss the content of patient information literature with the patient/family

CDC - M MEDICATION

OUTCOME: The patient/family will understand the importance of medication in the treatment of the communicable disease and make a plan to comply with therapy.

STANDARDS:

1. Discuss the proper use, benefits, common side-effects, and food or drug interactions of the prescribed medication. Include procedure for follow-up if problems occur.
2. Explain the importance of completing the course of therapy and its role in eradicating the infection and/or decreasing the infectiousness of the communicable disease.
3. Explain, as appropriate, that failure to complete the course of antibiotics may cause the development of resistant organisms.
4. Discuss, as appropriate, the concomitant use of antipyretics.

CDC-N NUTRITION

OUTCOME: The patient/family will verbalize understanding of the need for balanced nutrition and plan for the implementation of dietary modification if needed

STANDARDS:

1. Review normal nutritional needs for optimal general health.
2. Discuss current nutritional habits. Assist the patient in identifying unhealthy nutritional habits
3. Discuss nutritional modifications as related to the specific communicable disease.

CDC-P PREVENTION

OUTCOME: The patient and/or family will understand communicability and preventive measures for communicable disease control.

STANDARDS:

1. Explain that there are vaccines or immunity against certain infections and/or diseases.
2. Explain that certain infections can be dependent upon hygiene, social and/or environmental conditions. **(See WL-HY)**
3. Discuss importance of hand washing in infection control in relation to food preparation/consumption, child care, and toilet use.
4. List mode of transmission and precautions to prevent spread of disease.

CDC-PM PAIN MANAGEMENT

OUTCOME: The patient/family will have an understanding of the plan for pain management.

STANDARDS:

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient; and may be multifaceted. **See PM.**
2. Explain that short-term use of NSAIDS may be helpful in pain management as appropriate.
3. Explain non-pharmacologic measures that may be helpful with pain control.

CHF-C COMPLICATIONS

OUTCOME: The patient/family will understand how to prevent complications of CHF.

STANDARDS:

1. Discuss common complications of CHF (pulmonary or peripheral edema, MI, death, inability to perform activities of daily living, etc.)
2. Discuss the importance of following a treatment plan including diet, exercise, medications to prevent complications.
3. Discuss the importance of regular follow-up to prevent complications.
4. Emphasize early medical intervention for signs and symptoms of complications.

CHF-DP DISEASE PROCESS

OUTCOME: The patient/family will have an understanding of the causes and symptoms of congestive heart failure.

STANDARDS:

1. Explain that CHF results from the heart not pumping as efficiently as it should. As a result, fluids back up in the extremities (edema) and in the lungs (pulmonary congestion). This back up of fluids causes weight gain. Weight gain should be reported.
2. Explain the cause of CHF as it relates to the patient's condition, i.e. previous M.I., long-standing hypertension, etc.
3. Review signs and symptoms of CHF including swelling, fatigue, shortness of breath, weight gain, etc.

CHF-EX EXERCISE

OUTCOME: The patient/family will understand the exercise recommendations or limitations for this patient's disease process.

STANDARDS:

1. Discuss the exercise recommendations or limitations of exercise for this patient.
2. Emphasize the importance of seeking medical advice prior to starting/changing any exercise program.

CHF-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of adherence to treatment regimen and appointment compliance.

STANDARDS:

1. Discuss the individual's responsibility in the management of CHF.
2. Encourage regular weight checks and the reporting of any sudden weight gain.
3. Explain the procedure for making follow-up appointments.
4. Review treatment plan with the patient, emphasizing the need for keeping appointments, medication compliance, adhering to dietary modifications, and striving to maintain activity/rest balance.

CHF-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of congestive heart failure and make a plan for implementation..

STANDARDS:

1. Discuss the home management plan and methods for implementation of the plan. (Attain or maintain a healthy weight, eliminate tobacco use, control alcohol intake, elevate feet to reduce edema, etc.)
2. Explain the importance of following a home management plan, i.e. fewer emergency room visits, fewer hospitalizations and fewer complications, as well as a healthier life.
3. Explain the relationship between congestive heart failure and the increased risk of a MI, PE and/or stroke.
4. Discuss the importance of avoiding communicable diseases by avoiding contact with ill persons, and by obtaining vaccination for vaccine preventable diseases.
5. Balance activity and rest.

CHF-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about congestive heart failure.

STANDARDS:

1. Provide patient/family with written patient information literature on the congestive heart failure.
2. Discuss the content of patient information literature with the patient/family.

CHF-LA LIFESTYLE ADAPTATION

OUTCOME: The patient will have an understanding of the lifestyle adjustments necessary to maintain control of congestive heart failure and formulate an adaptive plan with assistance of the provider.

STANDARDS:

1. Discuss lifestyle changes that may reduce the symptoms of heart failure and improve quality of life. (Attain or maintain a healthy weight, eliminate tobacco use, control alcohol intake, elevate feet to reduce edema, etc.)
2. Discuss the importance of avoiding communicable diseases by avoiding contact with ill persons, and by obtaining vaccination for vaccine preventable diseases.
3. Balance activity and rest.

CHF-M MEDICATIONS

OUTCOME: The patient will have an understanding of the importance of following a prescribed medication regimen.

STANDARDS:

1. Review proper use, benefit and common side effects of the prescribed medications.
2. Emphasize the importance of maintaining strict adherence to the medication regimen.

CHF-N NUTRITION

OUTCOME: The patient will develop a plan to control CHF through weight control and sodium intake modification.

STANDARDS:

1. Assess current nutritional habits.
2. Review the relationship between sodium and fluid retention.
3. Emphasize the importance of a sodium restricted diet.
4. Provide a list of foods high in sodium and emphasize the importance of reducing sodium intake. Refer to dietician or other local resources as available.
5. Assist in developing appropriate diet plan to achieve optimal weight and sodium control.

CAD-C COMPLICATIONS

OUTCOME: The patient will understand how to prevent complications of coronary artery disease.

STANDARDS:

1. Discuss the common and important complications of coronary artery disease, i.e. MI, angina and stroke.
2. Discuss the importance of following a treatment plan to include diet, exercise, and medication therapy to prevent complications.
3. Emphasize immediate medical intervention for signs and symptoms of complications (chest pain, nausea, loss of consciousness, jaw/arm pain, SOB, diaphoresis, etc.)

CAD-DP DISEASE PROCESS

OUTCOME: The patient will have an understanding of coronary artery disease and its symptoms.

STANDARDS:

1. Explain that coronary artery disease is the result of the buildup of plaque in the interior wall of the coronary artery.
2. Review the factors related to the development of coronary artery disease - uncontrolled hypertension, elevated cholesterol, obesity, uncontrolled diabetes, sedentary lifestyle, increasing age, family history of vascular disease, and male sex. Emphasize that a personal history of any vascular disease greatly increases the risk of CAD.
3. Review the signs of coronary artery disease - substernal chest pain radiating to the jaw(s), neck, throat, arm(s), shoulder(s), or back. Nausea, weakness, shortness of breath, or diaphoresis (sweating) may accompany the pain.
4. Explain that chest pain is the discomfort felt when the heart muscle is deprived of oxygen.
5. Differentiate between angina (the temporary loss of oxygen to the heart muscle) and infarction (a permanent loss of oxygen to the heart muscle resulting in permanent damage and loss of function). Emphasize that angina is an important warning sign which should prompt immediate medical evaluation.
6. Explain that sometimes only a physician, through test interpretation, may be able to differentiate between angina and myocardial infarction.

CAD-EX EXERCISE

OUTCOME: The patient/family will understand the exercise recommendations or limitations for this patient's disease process.

STANDARDS:

1. Discuss the exercise recommendations or limitations of exercise for this patient.
2. Emphasize the importance of seeking medical advice prior to starting/changing any exercise program.

CAD-FU FOLLOW-UP

OUTCOME: The patient will verbalize an understanding of the importance of adhering to a treatment regimen, be able to identify appropriate actions to take for symptoms indicating life-threatening ischemia, and will make a plan to obtain and keep appropriate follow-up appointments.

STANDARDS:

1. Discuss the individual's responsibility in the management of coronary artery disease.
2. Review treatment plan with the patient, emphasizing the need for keeping appointments, complying with medication therapy, adhering to dietary modifications, and maintaining an appropriate activity/rest balance.
3. Review the symptoms which should be reported and maintained (symptoms more frequent or occurring during rest, symptoms lasting longer, using prn medications more frequently, etc.).
4. Instruct the patient that if chest pain is not relieved after taking three doses of nitroglycerine 3-5 minutes apart, he/she should go immediately to the nearest emergency care facility. Recommend use of the local emergency transport system

CAD-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about coronary artery disease.

STANDARDS:

1. Provide patient/family with written patient information literature on coronary artery disease.
2. Discuss the content of patient information literature with the patient/family.

CAD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will have an understanding of the lifestyle adaptations necessary to maintain optimal health.

STANDARDS:

1. Emphasize that the most important component in the prevention and treatment of coronary artery disease is the patient's adaptation to a healthier, lower risk lifestyle.
2. Discuss lifestyle adaptations that may reduce further risk of myocardial infarction and improve the quality of life (cease use of tobacco products, limit stress, control hypertension and elevated cholesterol through medications, diet and exercise, lose weight as indicated, control diabetes, and increase activity as prescribed by the physician).

CAD-N NUTRITION

OUTCOME: The patient/family will have an understanding of how to control coronary artery disease through weight control and diet modification and develop an appropriate plan for dietary modification.

STANDARDS:

1. Assess current nutritional habits.
2. Review the relationship between diet and coronary artery disease, hypertension, elevated cholesterol, and obesity.
3. Provide lists of foods that are to be encouraged and avoided. Refer to dietitian or other local resources as appropriate.
4. Assist in developing an appropriate diet plan to achieve optimal weight and cholesterol control.
5. See **LIP**.

CAD-M MEDICATIONS

OUTCOME: The patient will have an understanding of the importance of following a prescribed medication regimen.

STANDARDS:

1. Review proper use, benefits, and common side effects of the medications.
2. Emphasize the importance of maintaining strict adherence to the medication regimen.

CAD-P PREVENTION

OUTCOME: The patient/family will understand ways to prevent CAD.

STANDARDS:

1. Discuss that prevention of coronary artery disease is far better than controlling the disease after it has developed.
2. Explain that consuming a diet low in fat, and controlling weight, lipid levels and blood pressure will help to prevent CAD.
3. Discuss that persons with uncontrolled diabetes and uncontrolled hypertension and uncontrolled dyslipidemia are more likely to develop CAD. Stress the importance of controlling these disease processes. **See DM, HTN, LIP, OBS**

CAD-PM PAIN MANAGEMENT

OUTCOME: The patient/family will have an understanding of the plan for pain management.

STANDARDS:

1. Explain that chest pain unrelieved by the prescribed regimen should be considered an emergency and prompt immediate medical evaluation.
2. Explain that pain management is specific to the disease process of this particular diagnosis and patient and may be multifaceted. **See PM**
3. Explain that short term use of narcotics may be helpful in pain management as appropriate.
4. Explain that other medications may be helpful to control the symptoms of pain.
5. Discuss non-pharmacologic measures that may be helpful with pain control.

CAD-PRO PROCEDURES

OUTCOME: The patient/family will verbalize understanding of the proposed procedure(s), as well as the risks, benefits, alternatives to the proposed procedure(s) and associated factors affecting the patient.

STANDARDS:

1. Explain the specific procedure(s) to be performed, including the risks and benefits of performing the procedure and the adverse events which might result from refusal of the procedure.
2. Discuss alternatives to the proposed procedure(s), including expectant management, as appropriate.
3. Discuss the expected patient/family involvement in the care required following the proposed procedure(s).

CAD-TE TESTS

OUTCOME: The patient/family will have an understanding of the tests to be performed.

STANDARDS:

1. Explain the test ordered (ECG, echo, thallium stress test, coronary angiography).
2. Explain the necessity, benefits and risks of the test to be performed and how it relates to the course of treatment.

CAD-TX TREATMENTS

OUTCOME: The patient/family will have an understanding of the possible treatments that may be performed based on the test results.

STANDARDS:

1. List the possible procedures that might be utilized to treat the coronary artery blockage (angioplasty, coronary stent, coronary artery bypass, etc).
2. Briefly explain each of the possible treatments.
3. Explain that the treatment decision will be made by the patient and medical team after reviewing the results of diagnostic tests.

CRN-C COMPLICATIONS

OUTCOME: The patient/family will understand the signs of complications of Crohn's disease and will plan to return for medical care if they occur.

STANDARDS:

1. Explain that some possible complications of Crohn's disease are stricture and fistulae formation, hemorrhage, bowel perforation, mechanical intestinal obstruction, and colorectal cancer, etc.
2. Explain that complications may be delayed, minimized or prevented with prompt treatment of exacerbation.
3. Discuss the symptoms of exacerbation that trigger the need to seek medical attention, i.e. blood in the stool, unusual drainage, unusual abdominal pain, change in frequency of stools, fever.

CRN-DP DISEASE PROCESS

OUTCOME: The patient/family will have a basic understanding of the pathophysiology and symptoms of their Crohn's disease.

STANDARDS:

1. Explain that Crohn's disease is a chronic inflammatory disease of the small intestine, usually affecting the terminal ileum at the region just before the ileum joins the colon. The etiology is unknown.
2. Explain that there is a familial tendency toward Crohn's disease and it occurs mostly in those between 15 and 35 years of age.
3. Explain that this condition interferes with the ability of the intestine to transport the contents of the upper intestine through the constricted lumen, causing crampy pains after meals.
4. Explain that chronic diarrhea due to the irritating discharge from the intestine occurs and may be accompanied by bloody stools.
5. Explain that in some patients, the inflamed intestine may perforate and form intra-abdominal and anal abscesses.
6. Explain that this condition is characterized by exacerbations and remissions that may be abrupt or insidious.

CRN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

CRN-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about the Crohn's disease.

STANDARDS:

1. Provide the patient/family with written patient information literature regarding Crohn's disease.
2. Discuss the content of the patient information literature with the patient/family.

CRN-M MEDICATIONS

OUTCOME: The patient/family will understand the prescribed medication regimen and its importance.

STANDARDS:

1. Describe the proper use, benefits, and common or important side effects of the patient's medications. State the name, dose, and time for administration as applicable.
2. Discuss any significant drug/drug or drug/food interactions, including interaction with alcohol.
3. Caution the patient/family against utilizing over-the-counter medications for constipation without consulting his/her provider.

CRN-N NUTRITION

OUTCOME: The patient/family will have an understanding of how dietary modification may assist in the control of bowel function and develop an appropriate plan for dietary modification.

STANDARDS:

1. Assess current nutritional habits.
2. Instruct the patient/family to abstain from fresh fruits, fresh vegetables and dairy products and eat foods that are low in fats. Provide a list of foods for the patient to avoid, if available.
3. Assist the patient/family in developing appropriate meal plans.
4. Explain to the patient/family that parenteral hyperalimentation may be necessary to maintain nutrition while allowing the bowel to rest.
5. Refer to dietitian as appropriate.

CRN-P PREVENTION

OUTCOME: The patient/family will understand and make a plan for the prevention of colon disease.

STANDARDS:

1. Discuss the effects of a fatty, low fiber diet on the colon.
2. Provide and review a list of low fat, high fiber foods.
3. Assist the patient/family in meal planning that includes low fat, high fiber foods and avoids high fat, low fiber foods.
4. Explain that the etiology of Crohn's disease is unknown and there is no known prevention, but an appropriate diet may prevent or slow progression of the disease.

CRN-PM PAIN MANAGEMENT

OUTCOME: The patient/family will have an understanding of the plan for pain management.

STANDARDS:

1. Advise the patient/family to strictly follow dietary guidelines to assist in the control of crampy pain after meals.
2. Advise the patient to comply with medication regimen to decrease the inflammation and pain.
3. Instruct the patient in meticulous anal skin care with protective creams to prevent skin breakdown and pain.
4. Advise the patient not to use over the counter pain medications without checking with his/her provider.

CRN-TE TESTS

OUTCOME: The patient/family will have an understanding of the tests to be performed. The patient/family will further understand the risk/benefit ratio of the proposed testing, alternatives to testing and risks of non-testing.

STANDARDS:

1. Proctosigmoidoscopy and Colonoscopy
 - A Explain that proctosigmoidoscopy and colonoscopy may be utilized to directly visualize the inside of the colon and enable biopsies to be obtained. The information from the colonoscopy may be necessary to diagnose the specific type of bowel disease.
 - B Explain that the procedure involves introducing a flexible tube through the anus and rectum.
 - C Explain that the preparation for the test is usually a liquid diet, cathartics and enemas.
2. Upper gastrointestinal barium studies.
 - A Explain that the upper GI barium study is an x-ray to assess the degree and extent of the disease.
 - B Explain that barium liquid will be swallowed and radiographs taken.
3. Barium Enema
 - A Explain that the barium enema is an x-ray to assess the extent of the disease, identify lesions, detect pseudo polyps, carcinoma, and strictures.
 - B Explain that barium liquid will be introduced by enema and radiographs taken.
 - C Explain that the preparation for the test is usually a liquid diet, cathartics and enemas.
4. Discuss the risk/benefit ratio of testing, alternatives to testing and the risk of non-testing.

CRN-TX TREATMENT

OUTCOME: The patient/family will have an understanding of the appropriate treatment for bowel disease and verbalize a plan to adhere to the treatment regimen. The patient/family will further understand the risk/benefit ratio of the proposed treatment, alternatives to treatment and the risk of non-treatment.

STANDARDS:

1. Discuss the specific treatment plan, which may include the following:
 - A. A diet restricted to no fruits or vegetables, low in fats and free of dairy products.
 - B. Parenteral hyperalimentation to maintain nutrition while allowing the bowel to rest.
 - C. Corticosteroids, salicylates, and/or other anti-inflammatory agents to decrease inflammation.
 - D. Medications to control diarrhea.
 - E. Rest.
 - F. Surgery to correct hemorrhage, fistulas, bowel perforation or intestinal obstruction.
2. Discuss the risk/benefit ratio of the proposed treatment, alternatives to treatment and the risk of non-treatment.

CRP-C COMPLICATIONS

OUTCOME: The patient/family will have an understanding of the common and important complications associated with croup.

STANDARDS:

1. Discuss that complications occur in a minority of patients and include otitis media or pneumonia. The most serious complication is worsening airway obstruction which may lead to respiratory failure.
2. Review with the patient/family the signs of complications (i.e. rapid breathing, nasal flaring, retractions, stridor at rest; bluish color on his/her lips or face; drooling, trouble swallowing; prolonged fever; dehydration, pulling at ears, etc.).

CRP-DP DISEASE PROCESS

OUTCOME: The patient will understand the etiology and pathophysiology of croup.

STANDARDS:

1. Review the anatomy and physiology of the throat and lungs.
2. Explain that croup is a swelling of the upper airway in the area commonly called the windpipe (trachea), and voice box (larynx) and sometimes the bronchial tree. The medical term for croup is laryngotracheobronchitis.
3. Explain that *most* children with croup have a virus. Several types of viruses may cause this infection but the most common cause is a virus called parainfluenza. Croup-like symptoms can also be caused by allergies, trauma, congenital anomalies of the airway or foreign bodies in the airway. Hemophilus influenza, a bacteria, can lead to stridor (noisy vibratory sound on inspiration) and is often more serious than croup (children are protected if immunized against *Hemophilus influenza B*).
4. Explain that croup most often occurs in children between 6 months and 3 years of age during the cold season and is more common in boys. Croup may begin suddenly and is generally worse at night. Viral croup usually goes away in 3 to 7 days.
5. Discuss that the recognizable barking cough and noisy breathing (stridor) is caused by the swelling in the upper airway. The cough may be bad enough to cause gagging or vomiting. Patients may also have a runny nose, hoarse voice, and/or fever. The worst of the illness lasts 2-3 days. Be alert for signs of complications.

CRP-FU FOLLOW-UP

OUTCOME: The patient will understand the importance of follow-up care and will strive to keep scheduled appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Review the signs/symptoms (drooling, extremely ill appearance, altered level of consciousness, blue color or extreme difficulty breathing) that require immediate attention and return to the clinic or emergency room.

CRP-HM HOME MANAGEMENT

OUTCOME: The patient and/or family will understand the home management of croup.

STANDARDS:

1. Discuss how to care for the child at home and the importance of following the home management plan. Explain that home management of croup focuses on the relief of symptoms.
2. Explain that crying and anxiousness make croup worse by causing additional tightness around the windpipe. Parents should remain calm, which will help the child to stay calm. Cuddle and comfort the child.
3. Explain that the child will usually sit in a position that makes breathing easy. Do not force the child to lie down if he/she wants to sit up.
4. Discuss the use of non-pharmacologic therapies that may be useful in symptom relief:
 - a. Warm or cool humidifier (don't use a hot vaporizer)
 - b. "Foggy bathroom treatment" (mist up the bathroom with hot shower steam, and have the child sit outside of the shower in the bathroom for up to 20 minutes while cuddling or reading to the child)
 - c. Taking the child into the cool outside air for about 15 minutes.
 - d. Drinking warm, clear liquids may loosen mucus and ease breathing (may not be appropriate for young infants).
5. Emphasize the importance of a smoke free environment, since smoke can make croup worse.
6. Discuss that it may be appropriate for the parent to sleep in the same room with the child until the symptoms become less severe.

CRP-L**PATIENT INFORMATION LITERATURE**

OUTCOME: The patient/family will receive written information about croup.

STANDARDS:

1. Provide the patient/family with written patient information literature on croup.
2. Discuss the contents of the patient information literature with the patient/family.

CRP-M**MEDICATIONS**

OUTCOME: The patient/family will understand that antibiotics do not cure viral infections and that medications that are used for croup are used for symptomatic relief.

STANDARDS:

1. Explain that most croup is caused by a virus and that antibiotics are not effective.
2. Discuss the use of antipyretics for fever reduction as applicable. **See F**
3. Discuss the use of steroids or nebulized treatments in relief of swelling associated with croup as applicable.
4. Discuss that cough medicines are of very little or no value in the treatment of the cough associated with croup.

CRP-SHS SECOND-HAND SMOKE

OUTCOME: Provide the patient and/or family with an understanding of the adverse health consequences associated with exposure to second-hand tobacco smoke, and to discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define “passive smoking”, ways in which exposure occurs:
 - a. smoldering cigarette, cigar, or pipe
 - b. smoke that is exhaled from active smoker
 - c. smoke residue on clothing, upholstery, carpets or walls
2. Discuss harmful substances in smoke
 - a. nicotine
 - b. benzene
 - c. carbon monoxide
 - d. many other carcinogens (cancer causing substances)
3. Explain the increased risk of illness in the croup patient when exposed to cigarette smoke either directly or via second-hand smoke.
4. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the asthma patient is not in the room at the time that the smoking occurs.
5. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.
6. Encourage smoking cessation or at least never smoking in the home or car.

DC-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand that different components make up the tooth structure. The patient/family will further understand that the properties of the various components effect the susceptibility for decay.

STANDARDS:

1. Explain that enamel is a protective covering for the tooth. Discuss that the portion of the tooth that is normally seen in the mouth (crown) is covered with enamel.
2. Explain that the root of the tooth is not covered with enamel. The root of the tooth is made of dentin. Explain that dentin is a softer, more easily decayed substance.
3. Explain that the living portion of the tooth (pulp) is a sensitive structure containing the nerve and blood vessels. Decay into this portion of the tooth may cause severe pain and will kill the tooth.

DC-C COMPLICATIONS

OUTCOME: The patient/family will understand some complications/consequences of treated or untreated dental caries.

STANDARDS:

1. Explain that, by necessity, when dental caries are treated, a portion of the healthy tooth structure must also be removed. This results in a weakening of the tooth.
2. Explain that occasionally when dental caries are treated, inflammation of the pulp may occur. This insult may be reversible and result in temporary soreness of the tooth, or may be irreversible and result in infection and/or death of the tooth.
3. Explain that occasionally dental caries may result in abscess of the tooth, which may extend into a sinus or other adjacent tissues.
4. Explain that some dental caries may involve so much of the tooth structure that root canal or removal of the tooth may be necessary.
5. Explain that early tooth loss in children may cause abnormal eruption of permanent teeth. Further explain that early tooth loss of permanent teeth may result in loosening of other teeth and further tooth loss unless restorative measures are taken..

DC-DP DISEASE PROCESS

OUTCOME: The patient/family will be able to explain what dental caries are and summarize some causes as appropriate to this patient.

STANDARDS:

1. Explain that natural bacteria live in the mouth. Some bacteria are healthy and are protective. Explain that a sticky film called plaque forms on teeth and that bacteria live in the plaque.
2. Explain that some bacteria in the presence of carbohydrates will produce acids that attack the tooth structure. The acids dissolve and demineralize the tooth weakening the tooth structure. Progressive acid attacks on the tooth surface may lead to decay or dental caries.
3. Explain the various factors which may predispose a person to dental caries:
 - a. Poor oral hygiene
 - b. High carbohydrate diet, especially frequent consumption
 - c. Children whose parents have active tooth decay
 - d. Lack of fluoride
 - e. Gingival recession
 - f. Persons having undergone radiation therapy
 - g. Genetic predisposition

DC-FU FOLLOW-UP

OUTCOME: The patient/family will verbalize understanding of the importance of regular dental follow-up.

STANDARDS:

1. Explain the current recommendation for regular dental examination and professional tooth cleaning.
2. Emphasize the importance of a dental visit if any problems occur between routine dental visits..

DC-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about dental caries, their treatment and/or the oral care necessary after treatment.

STANDARDS:

1. Provide patient/family with written patient information literature on dental caries, treatment and/or the oral care necessary after treatment.
2. Discuss the content of the patient information literature with the patient/family.

DC-N NUTRITION

OUTCOME: The patient/family will understand the importance of a balanced diet, low in carbohydrates, especially simple sugars, and with adequate calcium and fluoride.

STANDARDS:

1. Discuss the relationship between a diet high in carbohydrates, especially simple sugars, to the development of dental caries. Give examples of foods high in simple sugars, i.e. crackers, potato chips, candy, pre-sweetened cereals.
2. Discuss the importance of calcium and fluoride intake as it relates to tooth development/mineralization.
3. Refer to a dietician as appropriate.

DC-P PREVENTION

OUTCOME: The patient/family will understand ways to prevent dental caries.

STANDARDS:

1. Explain that early entry into dental care (infancy and prenatal) is important in the prevention of dental caries. **See BT**
2. Explain that an important factor in the prevention of cavities is the removal of plaque by brushing the teeth and flossing between them daily. Discuss and/or demonstrate the current recommendations and appropriate method for brushing and flossing..
3. Explain that the frequency of carbohydrate consumption increases the rate of acid attacks, thereby increasing the risk of dental decay. **See DC-N**
4. Explain that pathogenic oral bacteria may be transmitted from one person to another; therefore, it is especially important that families with small children (ages 6 months to 8 years) control active tooth decay in all family members.
5. Explain that the use of fluoride strengthens teeth and may rebuild the early damage caused by bacteria/acid attacks. The most common source of fluoride is drinking water. It is also available in toothpastes and rinses, varnishes or fluoride drops/tablets. Consult with a dentist/physician to determine if the drinking water contains adequate fluoride and if supplementation is needed. Explain that the use of topical fluoride is important in the prevention of decay in persons exposed to radiation therapy, as applicable.
6. As appropriate, discuss sealants as an intervention to prevent dental caries.

7. Explain that the recession of gingival tissue (gums) exposes the softer dentin portion of the tooth (root.) This portion of the tooth does not have an enamel covering, therefore, it is more susceptible to decay. Gingival recession may have a variety of causes:
 - a. Natural aging process
 - b. Loss of attached tissue associated with periodontal disease **See PD**
 - c. Improper brushing methods
 - d. Genetic predisposition (frenulum/frenum attachment)

DC-PM PAIN MANAGEMENT

OUTCOME: The patient/family will have an understanding of the plan for pain management.

STANDARDS:

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient; and may be multifaceted. **See PM.**
2. Explain that short-term use of Tylenol, NSAIDS, desensitizers, and/or narcotics may be helpful in pain management as appropriate.
3. Explain that antibiotics may be helpful in pain relief in the case of abscess.
4. Explain non-pharmacologic measures that may be helpful with pain control i.e. avoid hot and cold foods.
5. Explain that dental anxiety may be controlled or relieved by the use of anxiolytics or antihistamines as appropriate.
6. Explain that local anesthetics and/or nitrous oxide may be used to control pain during dental procedures.

DC-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the risk(s)/benefit(s) of the test(s) and the risk(s) of refusal of the test(s).

STANDARDS:

1. Discuss the test(s) to be performed i.e. X-ray, pulp vitality.
2. Explain the necessity, benefits, and risks of the test to be performed and how it relates to the course of treatment. Discuss the risks of non-performance of the testing.

DC-TX TREATMENT

OUTCOME: The patient will understand the necessary treatment (filling, root canal, extraction) and the proper oral care after treatment.

STANDARDS:

1. Explain the basic procedure to be used (filling, root canal, extraction) and the indication, common complications and alternatives as well as the risks of non-treatment.
2. Review the specific elements of oral care after treatment. **See DC-P**
3. Discuss the indications for returning to the provider, i.e. bleeding, persistent or increasing pain and fever.